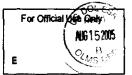
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:
	7 / 1 / 2009 Through: 1 / 2009
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name () A C C C C C C C C C C C C C C C C C C	Name Seamsters Scale 150
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street # Street	Street Street
City	City
State ZIP Code + 4	State ZIP Code + 4
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	7.b. Amount.
Street	
City 10 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

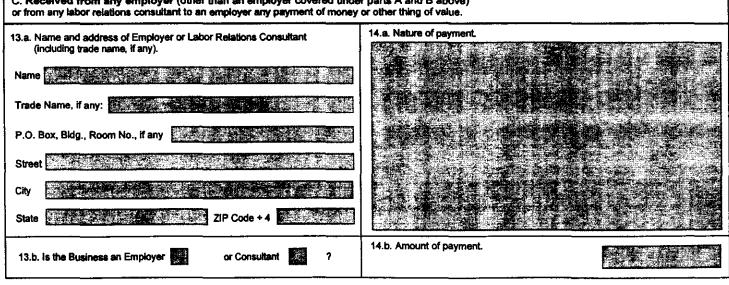
Signed Tom Pellon

On <u>(72.572-515</u>

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, of otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name the confidence on the sugar Selection a Labor Organization (Later Control of the Trade Name, if any: b. Trust alerdar year 2004. I will file no storia P.O. Box, Bldg., Room No., if any c. Employer Street ZIP Code + 4 STUDBEL¹² 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Trade Name, if any: P.O. Box, Bidg., Room No., if any 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. ZIP Code + 4 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above)



GENERAL DRIVERS, HELPERS, WAREHOUSEMEN AND INSIDE EMPLOYEES

Affiliated with The International Brotherhood of Teamsters-

11 Fourth St. S.E.

507/288-6577

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signature